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**FACSIMILE TRANSMISSION COVER SHEET**

**PLEASE DELIVER TO:**

**NAME:** Examiner Nicholas A. Martin/Art Unit 2154

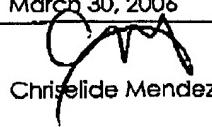
**FAX TELEPHONE NO.** 571.273.8300

**MESSAGE SENT BY:** Daniel C. Crilly, Esq.

**DATE:** March 30, 2006

**PAGES:** (including cover)....55

**MESSAGE:** Please see attached Transmittal Form (1 page), Fee Transmittal (1 page), Petition for One Month Extension of Time (1 page), Terminal Disclaimer (1 page), Amendment and Response under 37 C.F.R. § 1.111 (20 Pages), Declaration of Prior Invention by Eric T. Eaton (10 pages, including Exhibit), Declaration of Prior Invention by Von A. Mock (10 pages, including Exhibit), Declaration of Prior Invention by David J. Hayes (10 pages, including Exhibit) in connection with U.S. Appl. Serial No. 10/072,672. Thank you.

<b>CERTIFICATE OF FAX TRANSMITTAL</b>	
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PTO/SB/21 (09-04)

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FORM

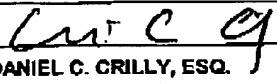
(to be used for all correspondence after initial filing)

		Application Number	10/072,672
		Filing Date	February 8, 2002
		First Named Inventor	Eric T. Eaton
		Art Unit	2154
		Examiner Name	Nicholas A. Martin
Total Number of Pages in This Submission	55	Attorney Docket Number	PT03771U

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATUM, LLP		
Signature			
Printed Name	DANIEL C. CRILLY, ESQ.		
Date	March 30, 2006	Reg. No.	38,417

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Chriselide Mendez	Date	March 30, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PAGE 2/55 \* RCVD AT 3/30/2006 2:28:01 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-1/17 \* DNIS:2738300 \* CSID:954 522 9123 \* DURATION (mm:ss):16:14

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PTO/SB/17 (12-04)

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	10/072,672
		Filing Date	February 8, 2002
		First Named Inventor	Eric T. Eaton
		Examiner Name	Nicholas A. Martin
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2154
<b>TOTAL AMOUNT OF PAYMENT</b> (\$250)		Attorney Docket No.	PT03771U

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-1111      Deposit Account Name: Brinkley, McNerney et al.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)     Credit any overpayments under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

**Small Entity**

**Fee (\$)**      **Fee (\$)**

50      25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200      100

Multiple dependent claims

360      180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**

- 20 or HP =                  x                  =                 

**Fee (\$)**      **Fee (\$)**

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

- 3 or HP =                  x                  =                 

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Claims**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

- 100 =                  / 50 =                  (round up to a whole number) x                  =                 

**Fee Paid (\$)**

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer Fee \$130 and 1 Month Extension Fee \$120.00

250.00

<b>SUBMITTED BY</b>			
Signature	<u>Daniel C. Crilly</u>	Registration No. 38,417 (Attorney/Agent)	Telephone (954) 522-2200
Name (Print/Type)	Daniel C. Crilly, Esq.	Date 03/30/2006	

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